

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A  
PAYMENT ISSUE DATE: 4/25/2014

ALAMEDA COUNTY TREASURER  
1221 OAK STREET

OAKLAND CA 94612

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>2,859,612.32</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,859,612.32</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>30,328,443.73</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A  
PAYMENT ISSUE DATE: 4/25/2014

ALPINE COUNTY TREASURER  
PO BOX 217

MARKLEEVILLE CA 96120

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>10,110.77</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>10,110.77</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>85,139.64</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A  
PAYMENT ISSUE DATE: 4/25/2014

AMADOR COUNTY TREASURER  
810 COURT STREET

JACKSON CA 95642

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>109,790.79</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>109,790.79</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>869,513.94</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A

PAYMENT ISSUE DATE: 4/25/2014

**BUTTE COUNTY TREASURER**

25 COUNTY CENTER DR

OROVILLE CA

95965

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>545,776.54</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>545,776.54</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,218,695.16</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A

PAYMENT ISSUE DATE: 4/25/2014

**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>88,418.20</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>88,418.20</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>689,959.27</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A  
PAYMENT ISSUE DATE: 4/25/2014

**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA CA

95932

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>63,124.85</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>63,124.85</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>489,994.46</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A

PAYMENT ISSUE DATE: 4/25/2014

**CONTRA COSTA COUNTY TREASURER**

625 COURT ST RM 102

MARTINEZ CA

94553

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>1,455,536.53</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,455,536.53</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>15,418,392.87</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 4/25/2014

**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA 95531

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>89,420.24</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>89,420.24</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>701,921.29</b>



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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A  
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**EL DORADO COUNTY TREASURER**

360 FAIR LANE

PLACERVILLE CA

95667

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>301,594.52</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>301,594.52</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,343,397.93</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A  
PAYMENT ISSUE DATE: 4/25/2014

**FRESNO COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>1,789,482.18</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,789,482.18</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>18,894,803.22</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A

PAYMENT ISSUE DATE: 4/25/2014

**GLENN COUNTY TREASURER**  
516 WEST SYCAMORE STREET

WILLOWS CA 95988

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>82,433.62</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>82,433.62</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>645,243.48</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A  
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**HUMBOLDT COUNTY TREASURER**  
825 FIFTH STREET ROOM 125

EUREKA CA 95501

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>443,559.72</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>443,559.72</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,541,639.14</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A  
PAYMENT ISSUE DATE: 4/25/2014

**IMPERIAL COUNTY TREASURER**  
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>500,905.78</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>500,905.78</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,855,480.73</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A  
PAYMENT ISSUE DATE: 4/25/2014

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA

93526

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>109,471.90</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>109,471.90</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>855,874.57</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A

PAYMENT ISSUE DATE: 4/25/2014

**KERN COUNTY TREASURER**

PO BOX 981240

SACRAMENTO CA

95798 1240

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>1,217,162.32</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,217,162.32</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>12,860,320.34</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A

PAYMENT ISSUE DATE: 4/25/2014

**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA

95812 1406

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>282,811.01</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>282,811.01</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,191,790.42</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A

PAYMENT ISSUE DATE: 4/25/2014

**LAKE COUNTY TREASURER**

255 NORTH FORBES ST RM 215

LAKEPORT CA

95453

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>144,925.35</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>144,925.35</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,132,429.43</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A  
PAYMENT ISSUE DATE: 4/25/2014

**LASSEN COUNTY TREASURER**  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>105,613.96</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>105,613.96</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>834,424.26</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A

PAYMENT ISSUE DATE: 4/25/2014

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>22,860,342.16</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>22,860,342.16</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>242,649,628.64</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A

PAYMENT ISSUE DATE: 4/25/2014

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>271,931.96</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>271,931.96</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,098,581.13</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A  
PAYMENT ISSUE DATE: 4/25/2014

**MARIN COUNTY TREASURER**

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

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Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>545,057.08</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>545,057.08</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,213,774.68</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A

PAYMENT ISSUE DATE: 4/25/2014

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA CA

95338

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>50,140.93</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>50,140.93</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>393,548.52</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A

PAYMENT ISSUE DATE: 4/25/2014

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH CA

95482

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>193,195.19</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>193,195.19</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,503,780.64</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A

PAYMENT ISSUE DATE: 4/25/2014

**MERCED COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>411,344.90</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>411,344.90</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,303,616.65</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A  
PAYMENT ISSUE DATE: 4/25/2014

**MODOC COUNTY TREASURER**  
204 COURT ST RM 101

ALTURAS CA 96101

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>56,370.69</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>56,370.69</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>442,565.61</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A

PAYMENT ISSUE DATE: 4/25/2014

**MONO COUNTY TREASURER**

P O BOX 495

BRIDGEPORT CA

93517

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>107,332.46</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>107,332.46</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>842,472.73</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A

PAYMENT ISSUE DATE: 4/25/2014

**MONTEREY COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>589,382.85</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>589,382.85</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>6,246,022.49</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A

PAYMENT ISSUE DATE: 4/25/2014

**NAPA COUNTY TREASURER**

1195 THIRD STREET ROOM 108

NAPA CA

94559 3035

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>248,734.19</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>248,734.19</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,928,239.53</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A  
PAYMENT ISSUE DATE: 4/25/2014

**NEVADA COUNTY TREASURER**

PO BOX 128

NEVADA CITY CA

95959

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>166,054.07</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>166,054.07</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,288,398.90</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A

PAYMENT ISSUE DATE: 4/25/2014

**ORANGE COUNTY TREASURER**

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>4,012,175.53</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>4,012,175.53</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>41,693,617.30</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A  
PAYMENT ISSUE DATE: 4/25/2014

**PLACER COUNTY TREASURER**  
2976 RICHARDSON DRIVE

AUBURN CA 95603

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>255,537.13</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>255,537.13</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,682,807.39</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A  
PAYMENT ISSUE DATE: 4/25/2014

**PLUMAS COUNTY TREASURER**

PO BOX 176

QUINCY CA

95971

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>56,549.19</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>56,549.19</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>459,074.48</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A

PAYMENT ISSUE DATE: 4/25/2014

**RIVERSIDE COUNTY TREASURER**

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>2,283,696.22</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,283,696.22</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>24,075,311.87</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A

PAYMENT ISSUE DATE: 4/25/2014

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>2,370,007.69</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,370,007.69</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>24,956,881.85</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A

PAYMENT ISSUE DATE: 4/25/2014

**SAN BENITO COUNTY TREASURER**

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>102,934.72</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>102,934.72</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>804,004.33</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A

PAYMENT ISSUE DATE: 4/25/2014

**SAN BERNARDINO COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA

95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>2,583,804.91</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,583,804.91</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>26,996,264.95</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A  
PAYMENT ISSUE DATE: 4/25/2014

**SAN DIEGO COUNTY TREASURER**

PO BOX 980304

WEST SACRAMENTO 95798 0304

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>4,548,635.24</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>4,548,635.24</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>46,668,020.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A

PAYMENT ISSUE DATE: 4/25/2014

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

95814-2920

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>4,360,154.78</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>4,360,154.78</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>46,279,459.50</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A

PAYMENT ISSUE DATE: 4/25/2014

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>1,011,050.76</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,011,050.76</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>10,594,302.53</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A

PAYMENT ISSUE DATE: 4/25/2014

**SAN LUIS OBISPO COUNTY TREASURER**

PO BOX 1149

SAN LUIS OBISPO CA

93406

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>329,782.41</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>329,782.41</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,490,611.82</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A

PAYMENT ISSUE DATE: 4/25/2014

**SAN MATEO COUNTY TREASURER**

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA

95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>1,015,031.63</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,015,031.63</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>10,757,293.07</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A

PAYMENT ISSUE DATE: 4/25/2014

**SANTA BARBARA COUNTY TREASURER**

PO BOX 579

SANTA BARBARA CA

93102

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>606,873.99</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>606,873.99</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>6,428,890.63</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A

PAYMENT ISSUE DATE: 4/25/2014

**SANTA CLARA COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA

95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>2,444,614.06</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,444,614.06</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>25,885,724.84</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A

PAYMENT ISSUE DATE: 4/25/2014

**SANTA CRUZ COUNTY TREASURER**

PO BOX 1817

SANTA CRUZ CA

95061

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>409,917.55</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>409,917.55</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,351,063.12</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A

PAYMENT ISSUE DATE: 4/25/2014

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA

95812 1859

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>446,280.19</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>446,280.19</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,431,291.51</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A

PAYMENT ISSUE DATE: 4/25/2014

**SIERRA COUNTY TREASURER**

PO BOX 376

DOWNIEVILLE CA

95936 0376

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>20,509.65</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>20,509.65</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>161,458.06</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A

PAYMENT ISSUE DATE: 4/25/2014

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA CA

96097

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>136,299.29</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>136,299.29</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,063,762.72</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A

PAYMENT ISSUE DATE: 4/25/2014

**SOLANO COUNTY TREASURER TAX COLLECTOR**

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>707,902.71</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>707,902.71</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>5,476,142.68</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A  
PAYMENT ISSUE DATE: 4/25/2014

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO CA 95812 1204

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>944,549.75</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>944,549.75</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>7,248,350.17</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A

PAYMENT ISSUE DATE: 4/25/2014

**STANISLAUS COUNTY TREASURER**

PO BOX 3052

MODESTO CA

95353 3052

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>811,650.19</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>811,650.19</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>8,557,022.24</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A  
PAYMENT ISSUE DATE: 4/25/2014

**SUTTER COUNTY TREASURER**

PO BOX 546

YUBA CITY CA

95992

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>241,363.80</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>241,363.80</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,875,766.90</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A

PAYMENT ISSUE DATE: 4/25/2014

**TEHAMA COUNTY TREASURER**

PO BOX 1150

RED BLUFF CA

96080

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>172,553.35</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>172,553.35</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,344,437.85</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A

PAYMENT ISSUE DATE: 4/25/2014

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA

96093 1297

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>90,780.92</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>90,780.92</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>716,056.04</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A

PAYMENT ISSUE DATE: 4/25/2014

**TULARE COUNTY TREASURER**

COUNTY CIVIC CENTER RM 103E

221 SOUTH MOONEY BL

VISALIA CA

93291

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>733,806.28</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>733,806.28</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>7,679,422.03</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A

PAYMENT ISSUE DATE: 4/25/2014

**TUOLUMNE COUNTY TREASURER**

2 SOUTH GREEN ST

SONORA CA

95370

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>135,587.25</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>135,587.25</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,058,823.87</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A

PAYMENT ISSUE DATE: 4/25/2014

**VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>951,817.11</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>951,817.11</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>10,066,809.96</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A  
PAYMENT ISSUE DATE: 4/25/2014

**YOLO COUNTY TREASURER**

PO BOX 1995

WOODLAND CA

95695

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>262,338.83</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>262,338.83</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,772,337.78</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A  
PAYMENT ISSUE DATE: 4/25/2014

**YUBA COUNTY TREASURER**

915 8TH ST STE 103

MARYSVILLE CA

95901 5273

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>207,779.33</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>207,779.33</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,597,919.56</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A

PAYMENT ISSUE DATE: 4/25/2014

**BERKELEY CITY TREASURER**

2081 CENTER STREET

BERKELEY CA

94704

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>110,348.95</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>110,348.95</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>989,002.88</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A

PAYMENT ISSUE DATE: 4/25/2014

**LONG BEACH CITY TREASURER**

333 W OCEAN BL

LONG BEACH CA

90802

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>500,667.07</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>500,667.07</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,487,367.37</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300336A  
PAYMENT ISSUE DATE: 4/25/2014

PASADENA CITY TREASURER  
PO BOX 7115

PASADENA CA 91109 7215

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 3/16/2014 TO: 4/15/2014

**Total amount collected:** \$68,732,426.98

**Gross monthly apportionment:** \$68,732,426.98

<b>Gross Claim</b>	<b>\$</b>	<b>167,789.42</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>167,789.42</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,504,431.23</b>